

**CALIFORNIA BOARD OF ACCOUNTANCY**

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WEB ADDRESS: <http://www.dca.ca.gov/cba>**ADDRESS / NAME CHANGE - Exam Candidate****0 NEW NAME 0 NEW ADDRESS 0 NEW NAME AND ADDRESS****UNIQUE IDENTIFIER (IF KNOWN)** _____**NEW****NAME** _____**ADDRESS** _____
_____**CITY, STATE, ZIP** _____
COUNTRY _____**DAYTIME MESSAGE PHONE** _____**EMAIL ADDRESS** _____**PREVIOUS****NAME** _____**ADDRESS** _____
_____**CITY, STATE, ZIP** _____
COUNTRY _____**Signature** _____**Date** _____

PERSONAL INFORMATION COLLECTION AND ACCESS NOTICE

The information provided in this form will be used by the California Board of Accountancy to determine the qualifications of a Uniform CPA Examination applicant and facilitate the scheduling of sections of the CPA Exam once the applicant is deemed qualified. Sections 5080 through 5095 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another governmental agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Additionally, information may be provided to the National Association of State Boards of Accountancy for administration of the national Uniform CPA Examination. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this application, and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680 regarding questions about this notice or access to records.